

In re Application of:

Docket No.: 03500.102480

MASAHIKO KUBOTA ET AL.

Examiner: Unassigned

Application No.: 10/565,658

Group Art Unit: 2861

Filed: January 24, 2006

Confirmation No.: 5506

For: LIQUID DISCHARGE HEAD
MANUFACTURING METHOD,
AND LIQUID DISCHARGE HEAD
OBTAINED USING THIS METHOD

December 18, 2006

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

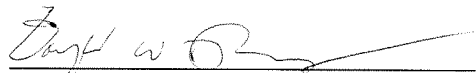
The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 16 | MINUS | 20 | 0 | x \$25 \$50 | \$0.00 |
| INDEP. CLAIMS | 1 | MINUS | 3 | 0 | x \$100 \$200 | \$0.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$0.00 |

ADDITIONAL
FEE

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
- ☐ The ____ -month extension of time fee and the additional claims fee are being paid electronically with this submission. The Commissioner is hereby authorized to charge any additional fees due, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Douglas W. Pinsky
Attorney for Applicants
Registration No. 46,994

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
DWP/klm